

## PART B - FEE(S) TRANSMITTAL



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	APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.	
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	EXAMINER		ART UNIT		CL	ASS-SUBCLASS	٦			
	KERR, KATHLEEN M		1652			435-115000	_			
	1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a							
		RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of			~	• • •	gnee is identified	below, the c	locument has been filed fo	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
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	Please check the appropriate	assignee category or category	ries (will not be pr	inted on the p	atent):	🔲 Individual 🕵	Corporation or oth	er private gr	oup entity Governmen	
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	Issue Fee			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached. (any additional)						
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	a. Applicant claims Sl	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	ant is no	longer claiming SM	ALL ENTITY star	tus. See 37 C	FR 1.27(g)(2).	
	The Director of the USPTO	is requested to apply the Issu	e Fee and Publica	tion Fee (if an	y) or to	re-apply any previou	sly paid issue fee	to the applica	ation identified above.	

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March 4, 2005 Date\_

Typed or printed name Robert G. Weilacher

20,531 Registration No. \_

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (12-04v2)

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-20 or HP= x 50 =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)

- 3 or HP= x 200 =

Fee(\$)

HP = highest number of independent claims paid for, if greater than 3.

**Extra Claims** 

## 3. APPLICATION SIZE FEE

Multiple dependent claims

**Total Claims** 

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = \_\_\_\_ / 50 = \_\_\_\_ (round up to a whole number) x = \_\_\_\_

4. OTHER FEE(S)

Fees Paid (\$)

Fee Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Issue Fee \$1,400; Publication Fee \$300; 4 soft copies \$12

\$1,712

360

Fee (\$)

180

Fee Paid (\$)

Multiple Dependent Claims

SUBMITTED BY

\$812

Signature Frint/Type) Robert G. Wellacher Registration No. (Attorney/Agent) 20,531 Telephone 202/263-4300

Date March 4, 2005

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